							ı				
	in this information to	Felicia Doris									
	otor 2 ouse, if filing)					_					
Uni	ted States Bankrupt	tcy Court for the:	WESTERN DISTRICT	OF MICHIGAN							
Cas	se number 18-	01328					Check	if this is:			
(lf kr	nown)			-			☐ An	amende	d filing		
										g postpetition llowing date:	
0	fficial Form	<u> 1061</u>					M	M / DD/ Y	YYY		
S	chedule I: `	Your Inco	ome								12/15
spo atta	use. If you are sep ch a separate shee t 1: Describe	arated and your et to this form. O	are married and not filing wi r spouse is not filing wi On the top of any additi	th you, do not inclu	ıde inforı	natio	on about	your spo	use. If mo	re space is	needed,
1.	Fill in your emploinformation.	oyment		Debtor 1				Debtor 2	or non-fil	ing spouse	
	If you have more tattach a separate		Employment status	■ Employed				☐ Emplo	•		
	information about			☐ Not employed				☐ Not e	mployed		
	employers.		Occupation	Postal Carrier							
	Include part-time, self-employed wo		Employer's name	USPS							
	Occupation may in or homemaker, if		Employer's address	90 S McCamly S Battle Creek, M							
			How long employed t	here? <u>18 Yea</u>	rs			_			
Par	rt 2: Give Det	ails About Mon	thly Income								
	mate monthly incouse unless you are s		te you file this form. If	you have nothing to ι	report for	any l	ine, write	\$0 in the	space. Incl	lude your nor	n-filing
,	u or your non-filing s e space, attach a se	•	re than one employer, co his form.	ombine the information	on for all e	emplo	oyers for th	hat perso	n on the lin	nes below. If y	you need
							For Debt	tor 1		otor 2 or ng spouse	
2.			y, and commissions (be alculate what the monthle		2.	\$		0.00	\$	N/A	
3.	Estimate and list	monthly overti	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross	Income. Add lin	e 2 + line 3.		4.	\$	(	0.00	\$	N/A	

Debt	tor 1	Felicia Doris Samuels	_	Case n	umber (if known)	18-0132	8	
				For I	Debtor 1	For Dol	otor 2 or	
				1011	Jebioi i		ng spouse	
	Copy	y line 4 here	4.	\$	0.00	\$	N/A	-
								_
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A	_
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	_
	5e. 5f.	Insurance	5e. 5f.	\$	0.00	\$	N/A	_
	5g.	Domestic support obligations Union dues	5g.	\$ 	0.00	\$	N/A N/A	_
	5h.	Other deductions. Specify:	5h.+	· · · · · · · · · · · · · · · · · · ·		+ \$	N/A	_
6			6.	\$	<del></del>	· :		_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.		· —	0.00	\$	N/A	_
7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	N/A	_
8.		all other income regularly received:						
	8a.	Net income from rental property and from operating a business, profession, or farm						
		Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total	0 -	Φ.		Φ.		
	8b.	monthly net income. Interest and dividends	8a. 8b.	\$	0.00	\$	N/A N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent		Ψ	0.00	Ψ	N/A	-
	00.	regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce	•	•		•		
	8d.	settlement, and property settlement.	8c. 8d.	\$	0.00	\$	N/A	_
	8e.	Unemployment compensation Social Security	8e.	\$ 	0.00 1,957.00	\$	N/A N/A	_
	8f.	Other government assistance that you regularly receive		<b>*</b> —	1,337.00	Ť		_
		Include cash assistance and the value (if known) of any non-cash assistance	:					
		that you receive, such as food stamps (benefits under the Supplemental						
		Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	1,231.00	\$	N/A	_
	8h.	Other monthly income. Specify:	8h	+ \$		+ \$	N/A	_
								_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,188.00	\$	N/A	4
						L	$\neg \neg$	
10.			10. \$	3	, <mark>188.00</mark> + \$_	N	I/A = \$ _	3,188.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						
11.		e all other regular contributions to the expenses that you list in Schedule						
		de contributions from an unmarried partner, members of your household, your	depen	dents, y	our roommates	s, and		
		r friends or relatives. lot include any amounts already included in lines 2-10 or amounts that are not a	availat	ole to pa	v expenses list	ed in <i>Sche</i>	dule J	
	Spec				.,		11. <b>+</b> \$	400.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain						
	appli	•	п шар	illies al	iu Neialeu Dala	, 11 11	12. \$	3,588.00
	•						Combi	nod
								y income
13.	Do y	ou expect an increase or decrease within the year after you file this form	?					•
		No.						
		Yes. Explain:		-				

Official Form 106I Schedule I: Your Income page 2

Fill	in this inform	nation to identify yo	our case:			1				
	tor 1	Felicia Doris				Ch	nack	if this is:		
БСБ	ioi i	relicia Doris	Samuen	<b>5</b>				in amended filing		
Deb	tor 2								ing postpetition chap	ter
(Spc	ouse, if filing)						1	3 expenses as of t	he following date:	
Unit	ed States Bar	nkruptcy Court for the	: WESTE	ERN DISTRICT OF MICHIC	GAN		N	MM / DD / YYYY		
	e number nown)	18-01328								
Of	fficial F	orm 106J								
Sc	chedul	e J: Your	Exper	ISAS						12/15
Be info nun	as complete ormation. If nber (if kno	e and accurate as more space is ne wn). Answer eve	possible eded, atta ry questio	. If two married people ar ch another sheet to this						
Par 1.	t 1: Des Is this a jo	cribe Your House	ehold							
1.	■ No. Go	to line 2.	!	ata hawa haldO						
		oes Debtor 2 live	ın a separ	ate nousenoid?						
		No Yes. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	<i>hold</i> of D	ebto	or 2.		
2.	Do you ha	ave dependents?	■ No							
	Do not list Debtor 2.	Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		_	Dependent's age	Does dependent live with you?	
	Do not sta								□ No	
	dependent	ts names.							☐ Yes	
									□ No	
									☐ Yes ☐ No	
									☐ Yes	
							_		□ No	
									☐ Yes	
3.	expenses	xpenses include of people other t and your depende	han 🗖	No Yes						
		mate Your Ongoi								
exp		f a date after the		uptcy filing date unless y y is filed. If this is a supp						
the	value of su	ich assistance an		government assistance it cluded it on Sc <i>hedule I:</i> Y				Your expe	nses	
(OII	ficial Form	1001.)						тош опро		
4.		l or home owners and any rent for th		ses for your residence. In or lot.	nclude first mortgage	e 4.	\$		1,106.00	
	If not inclu	uded in line 4:								
	4a. Rea	l estate taxes				4a.	\$		0.00	
		perty, homeowner's	•			4b.	\$		0.00	
		ne maintenance, re	•			4c.			15.00	
5.		neowner's associa			mo oquity loons	4d.	\$ \$		0.00	
J.	Auditiona	i mortgage paym	ents for yo	<b>our residence,</b> such as ho	me equity loans	5.	Φ		0.00	

otor 1	Felicia Doris Samuels	Case num	ber (if known)	18-01328
Utilit	ies:			
6a.	Electricity, heat, natural gas	6a.	\$	275.00
6b.	Water, sewer, garbage collection	6b.	\$	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.		300.00
6d.	Other. Specify:	6d.	\$	0.00
Food	I and housekeeping supplies	<del></del> 7.		400.00
	dcare and children's education costs	8.		0.00
	ning, laundry, and dry cleaning	9.		150.00
	onal care products and services	10.		150.00
	cal and dental expenses	11.	·	200.00
	sportation. Include gas, maintenance, bus or train fare.			200.00
	ot include car payments.	12.	\$	350.00
	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
	itable contributions and religious donations	14.	\$	0.00
Insu	•			2100
	ot include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	0.00
15d.	Other insurance. Specify: Combined Renters/Auto Ins.	15d.	\$	245.00
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spec		16.	\$	0.00
	Illment or lease payments:	47-	<b>c</b>	
	Car payments for Vehicle 1	17a.	· -	0.00
	Car payments for Vehicle 2	17b.	·	0.00
	Other. Specify:	17c.	·	0.00
	Other. Specify:	17d.	\$	0.00
	payments of alimony, maintenance, and support that you did not report as		\$	0.00
	Incted from your pay on line 5, Schedule I, Your Income (Official Form 106I). In payments you make to support others who do not live with you.	10.	\$	0.00
Spec		19.	Ψ	0.00
•	r real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> o		ur Income	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.		0.00
	Property, homeowner's, or renter's insurance	20c.	·	0.00
	Maintenance, repair, and upkeep expenses	20d.	· -	
	Homeowner's association or condominium dues	20u. 20e.		0.00
		20e. 21.	·	
Othe	r: Specify: Pet expenses		-τφ	100.00
	ulate your monthly expenses		_	
	Add lines 4 through 21.		\$	3,391.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	3,391.00
Calc	ulate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,588.00
	Copy your monthly expenses from line 22c above.	23b.	•	3,391.00
	- 177	_00.	-	3,331.00
23c.	Subtract your monthly expenses from your monthly income.		•	407.00
	The result is your monthly net income.	23c.	\$	197.00
For e modif	ou expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect you ication to the terms of your mortgage?			ease or decrease because o
■ N	0.			
$\square$ Y	es. Explain here:		·	
JΥ	es. Explain here:			